

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2014
NAME OF PROVIDER OR SUPPLIER ARMA CARE CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 605 EAST MELVIN ST PO BOX 789 ARMA, KS 66712		
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S 000	INITIAL COMMENTS The following citations represent the findings of a Licensure Resurvey.	S 000			
S 485 SS=F	28-39-153(e) ACTIVITIES (e) Activities. (1) The facility shall provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests of and promote the physical, mental, and psychosocial well-being of each resident. (2) A qualified activities director shall direct the activities program. Note: Qualified activities director shall meet the requirements as stated at K.A.R. 28-39-144(a) (1) through (5). (3) The nursing facility shall employ activities personnel at a minimum weekly average of .09 hours per resident per day. This Requirement is not met as evidenced by: The facility reported a census of 26 residents. Based on record review and staff interview, the facility failed to provide adequate activity services to the 26 residents of the facility. Findings included: Review of the schedule and time card for activities staff D revealed the following: a). The week of 10/26-11/01/14 the average hours per resident per day the staff worked was 0.067. b). The week of 11/02-11/09/14 the average hours	S 485			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 485	<p>Continued From Page 1</p> <p>per resident per day the staff worked was 0.040. c). The week of 11/10-11/17/14 the average hours per resident per day the staff worked was 0.050.</p> <p>On 11/18/2014 at 9:16 PM, social service/activity staff D, advised he/she keeps an activity log, and records in it daily or as soon as possible. Staff D reported when he/she worked as the social service/activity director the normal work hours were 7:30 AM to 3:00 PM, Monday thru Friday, but since census was down he/she had worked as direct care staff. Staff D further reported he/she worked as direct care staff 3 days this week, 11/16 to 11/22/14. Staff D added further, he/she worked 40 hours a week, divided between the 3 disciplines, direct care staff, activity staff, and social services staff.</p> <p>On 11/19/2014 at 12:11 PM, administrative nursing staff B verified, staff D (activity director) works as a direct care staff, the activity staff and the social service staff.</p> <p>On 11/19/2014 at 12:16 PM, social service/activity staff D reported when working the floor as a certified nurse aide, the activities are not always provided as he/she can not do both jobs.</p> <p>On 11/19/2014 at 12:29 PM, administrative staff A advised, the social service/activity staff D, had only worked the floor as an aide for approximately 2 weeks and when the resident census increases he/she will not longer be required to work the floor.</p> <p>The facility failed to maintain adequate staffing for the provision of activities for the 26 residents of the facility.</p>	S 485			

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S 490	Continued From Page 2	S 490			
S 490 SS=F	<p>28-39-153(f) SOCIAL SERVICES</p> <p>(f) Social services.</p> <p>(1) The facility shall provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>(2) Any facility with more than 120 beds shall employ a full-time social service designee who:</p> <p>(A) is a licensed social worker; or</p> <p>(B) (i) meets the qualifications in K.A.R. 28-39-144 (bbb); and</p> <p>(ii) receives supervision from a licensed social worker.</p> <p>(3) Any facility with 120 beds or fewer shall employ a social services designee. If the social service designee is not a licensed social worker or meets the requirements in K.A.R. 28-39-144 (bbb) (2), a licensed social worker shall supervise the social service designee.</p> <p>(4) The nursing facility shall employ social service personnel at a minimum weekly average of .09 hours per resident per day.</p> <p>This Requirement is not met as evidenced by: S-490 The facility reported a census of 26 residents. Based on record review and staff interview, the facility failed to provide adequate social services to the 26 residents of the facility.</p> <p>Findings included:</p>	S 490			

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S 490	<p>Continued From Page 3</p> <p>Review of the schedule and time card for social service staff D revealed the following:</p> <p>a). The week of 10/26-11/01/14 the average hours per resident per day the staff worked was 0.067.</p> <p>b). The week of 11/02-11/09/14 the average hours per resident per day the staff worked was 0.040.</p> <p>c). The week of 11/10-11/17/14 the average hours per resident per day the staff worked was 0.050.</p> <p>On 11/18/2014 at 9:16 PM, social service/activity staff D reported when he/she worked as the social service/activity director the normal work hours were 7:30 AM to 3:00 PM, Monday thru Friday, but since census was down he/she has worked as direct care staff. Staff D further reported he/she worked as direct care staff 3 days this week, 11/16 to 11/22/14. Staff D added further he/she worked 40 hours a week, divided between the 3 disciplines, direct care staff, activity staff, and social services staff.</p> <p>On 11/19/2014 at 12:29 PM, administrative staff A advised, the social service/activity staff D, only worked the floor as an aide for approximately 2 weeks and when the resident census increases he/she will not longer be required to work the floor.</p> <p>The facility failed to maintain adequate staffing for the provision of medically related social services for the 26 residents of the facility.</p>	S 490			
S 600 SS=F	<p>28-39-158(a) DIETARY SERVICES</p> <p>Dietary services. The nursing facility shall provide each resident with nourishing, palatable, attractive, non-contaminated foods that meet the daily nutritional and special dietary needs of each resident. A facility that has a contract with an outside food management company shall be</p>	S 600			

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S 600	<p>Continued From Page 4</p> <p>found to be in compliance with this regulation if the company meets the requirements of these regulations.</p> <p>(a) Staffing.</p> <p>(1) Overall supervisory responsibility for the dietetic services shall be the assigned responsibility of a full-time employee who is a licensed dietitian or a dietetic services supervisor who receives regularly scheduled onsite supervision from a licensed dietitian. The nursing facility shall provide sufficient support staff to assure adequate time for planning and supervision.</p> <p>(2) The nursing facility shall implement written policies and procedures for all functions of the dietetic services department. The policies and procedures shall be available for use in the department.</p> <p>Note: The dietetic services supervisor shall meet the requirements as stated in K.A.R. 28-39-144(r)(1) through (4)</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 26 residents, with 25 residents receiving food services on a daily basis. Based on observation, interview, and record review, the facility failed to employ a certified dietary manager, to ensure the dietary needs of the residents were met.</p> <p>Findings included:</p>	S 600			

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S 600	<p>Continued From Page 5</p> <p>- Interview with dietary staff C on 11/12/14 at 9:30 AM indicated the staff lacked certification, however, was currently enrolled in an on-line course of study and was being reviewed monthly by a registered dietician, for food services, as well as course completion.</p> <p>The following concerns were identified during initial tour on 11/12/14 at 8:45 AM:</p> <ol style="list-style-type: none"> 1. A dishwasher rack of clean coffee cups, stored under the handwashing sink, lacked a cover to maintain cleanliness of the cups. Some of the cups were inverted in storage allowing for drops of water from the handwashing sink area to accumulate and contaminate the cups. 2. The caulking at the back of the handwashing sink, evidenced a black substance measuring approximately 12 inches in length. 3. The reach-in refrigerator, labeled #1, exhibited areas of various colored spots to the outside edge, front, and sides of the refrigerator. Additionally, various sized and colored soilage was noted to the bottom shelf of the refrigerator unit. Items stored inside the refrigerator included: <ol style="list-style-type: none"> a. Two bowls of an unknown brown lumpy substance, undated and unlabeled. b. A glass of amber colored liquid, labeled "Carol," undated. c. A large metal pot with a lid containing noodles and a white meat, unlabeled and undated. d. A bag of lettuce, undated or labeled. e. A bag of sliced white meat, undated or labeled. <p>Signage posted on the door of the refrigerator instructed for all food items to be dated and labeled.</p> 4. A rack holding bottles of spices, next to the 	S 600			

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S 600	<p>Continued From Page 6</p> <p>refrigerator held approximately 27 containers of various spices. The bottles exhibited a gritty substance to a majority of the containers, and additionally the containers lacked closure of the sprinkle and pour sections of the containers.</p> <p>5. The painted shelving in the dry storage area of the kitchen exhibited a dusty and gritty material to the shelving units. Additionally, some of the shelving evidenced scraped areas of the wood with portions of the paint missing, creating a surface not easily sanitized.</p> <p>On 11/18/14 at 1:45 PM observation with dietary staff C concurred the above mentioned areas as a concern with attention needed. Furthermore, during sanitation tour, at that time, staff C concurred the following items in need of cleaning or repair:</p> <ol style="list-style-type: none"> 1. Two movable dish storage racks, exhibited peeling paint from the corners of the units and the base surfaces exhibited a gritty, grimy, debris to the units. 2. The convection oven exhibited heavy burnt on debris to the outer and the inner cooking surfaces. 3. The back-splash of the cook stove, behind the burners, exhibited heavy black burnt debris. 4. The vent system evidenced loose hanging debris from the vents near the front of the unit, located directly over the cooking areas. <p>Furthermore, the lack of a certified dietary manager contributed to the lack of the facility following the planned therapeutic menus to ensure the residents received the nutritional requirements needed as evidenced by:</p>	S 600			

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S 600	<p>Continued From Page 7</p> <p>Interview on 11/12/14 at 9:30 AM, with dietary staff member C reported the facility used a liberalized diet menu for all the residents of the facility. Additionally, the staff reported the facility provided an open dining concept for the breakfast and lunch time meals, from 7-9 AM and 11 AM to 1 PM. Staff C reported the residents are provided a menu to order from, which included breakfast items, hamburgers, chicken strips, chicken fried steaks, onion rings, french fries, mashed potatoes and gravy, green beans, lettuce or chef salads, cottage cheese, etc. The staff reported the residents are loving the choices and most days the staff do not even need to cook the planned meals, because everyone orders from the provided menu. The staff reported this started for breakfast around June, 2014 and lunches started in late September, 2014.</p> <p>Observation of the lunch served, on 11/12/14 at 12:00 PM identified the staff served plates of burgers and fries and/or onion rings, chicken strips with fries or mashed potatoes and gravy, as well as chicken fried steaks with mashed potatoes and gravy. Review of the planned meal of spaghetti bake with marinara sauce, broccoli and garlic bread was not served to any resident, including those unable to make choices.</p> <p>Observation, on 11/13/14 at 10:30 AM, identified direct care staff M, inquiring of an unsampled resident regarding their lunch order. When the resident asked the staff what was available the staff began reading from the menu, however, failed to offer or explain about the planned menu (daily special).</p> <p>On 11/13/14 at 11:40 AM, dietary staff C reported the residents who come out to the dining room for breakfast are asked about their meal selection by the dietary and CNA (certified nurse aide) staff.</p>	S 600			

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S 600	<p>Continued From Page 8</p> <p>The "daily special" (identified as the planned menu item) is noted at the top of the menu (although it is not specified what the special includes) and the residents who were able to make choices and fill out their menu, do so. Those unable to fill out the menu or make choices are provided with whatever the dietary staff are preparing from the menu. Observation of Staff C, at that time, prepared chicken strips and chicken fried steaks reported the daily special was not prepared today, due to no residents ordered the special. The staff reported that if a resident chose the daily special then it would be prepared for them.</p> <p>On 11/13/14 at 11:45 AM, direct care staff M reported the residents are asked at breakfast about their menu selections and indicated the residents are offered the menu items or the daily special. The staff indicated the residents know what the daily special is, because it is posted each month, in their rooms. On 11/13/14 from 11:40 to 11:50 numerous rooms were observed without any planned menus posted.</p> <p>On 11/13/14 at 11:53 AM resident # 17 reported they receive a menu daily regarding their menu choices for breakfast and lunch. The resident reported they always eat in their room and their daily choices, for lunch included chicken strips, hamburgers, chicken fried steaks, fries, potatoes and gravy or baked potatoes, green beans, corn, etc, however he/she lacked awareness of a daily special option. The resident then stated that for supper there are not any choices, they just send the resident what they make.</p> <p>On 11/13/14 at 11:55 AM resident # 29 received chicken strips, onion rings, and a dish of peach cobbler. The resident stated, they send me the same thing every day, they know how picky I am. We don't have a choice on the dessert, they just</p>	S 600			

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S 600	<p>Continued From Page 9</p> <p>send what they make. The planned dessert for the day was black forest cake, per the daily spreadsheet.</p> <p>In addition, to the above noted concerns, one resident failed to receive a palatable meal, as evidenced by:</p> <p>Resident #13 on 11/17/14 at 12:00 PM received a pureed meal consisting of green beans, mashed potatoes with gravy and a chicken fried steak. The chicken fried steak, served in a divided dish, appeared as a white semi-liquid with grayish colored lumps, ranging in size from 0.5 cm (centimeter) to 0.75 cm lumps. Additionally, the green beans and the entrée filled the divided section of the dish and failed to hold any form to the food.</p> <p>On 11/19/14 at 8:30 AM, dietary staff U reported the vegetables are pureed with the juice from the veggies and if the vegetable puree needed thickening he/she would use the thickener to make it hold form. The staff further indicated that staff should puree the meats with gravy to a smooth, non-lumpy texture.</p> <p>On 11/19/14 at 8:50 AM, dietary staff C reported the pureed foods should not be lumpy and needed to not be too thick for the resident to swallow, but also not be too runny. The staff reported the texture should be the consistency of baby food.</p> <p>The facility failed to employ the services of a certified dietary manager to ensure the 25 residents of the facility received nutritional, planned, palatable meals, without the potential for foodborne illness.</p>	S 600			

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